2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P97000085519 May 24, 2000 8:00 am Secretary of State GIGANTE PRODUCTIONS, INC. 05-24-2000 90169 006 ***150.00 Mailing Address Principal Place of Business 19046 BRUCE B DOWNS STE 132 17504 WOODTHRUSH PL TAMPA FL 33647-2434 TAMPA FL 33647 2. Principal Place of Business 3. Mailing Address Tantallon Circle Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3478884 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name GIGANTE, PAUL A Street Address (P.O. Box Number is Not Acceptable) 17504 WOODTHRUSH PLACE TAMPA FL 33647 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE TITLE NAME GIGANTE, PAUL NAME 734 Tantallon Circle STREET ADDRESS STREET ADDRESS 17504 WOODTHRUSH PLACE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33647 igante, Breda TITLE ☐ Delete TITLE NAME GIGANTE, BRENDA NAME 734 Tantallon Circle STREET ADDRESS STREET ADDRESS 17504 WOODTHRUSH PLACE CITY-ST-7IP CITY-ST-ZIP TAMPA FL 33647 ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the changed, or on an attachment with an address, with all other like empowered.